

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000069522

1. Limited Liability Company's Name

MORSE FLAG CAR ESCORT SERVICE

2. Principal Office Address - No P.O. Box #

2064 MONTEAU DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32210

Country

3. Mailing Office Address

2064 MONTEAU DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32210

Country

8. Name and Address of Current Registered Agent

Name

MORSE, OREN

Street Address (P.O. Box Number is Not Acceptable)

2064 MONTEAU DR

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 09/04/2012

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MORSE, OREN	2064 MONTEAU DR	JACKSONVILLE, FL

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

OREN R. MORSE

09/04/2012

PHONE 904-608-9202

FILED

12 SEP -6 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (1/11)

2010-17 BSM

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

09/23/2004

6. FEI Number

201653864

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

800239323308
09/06/12--01032--018 **\$16.25

RUSTY.MORSE@COMCAST.NET

(To be used for future annual report notices)